ETHIOPIAN PUBLIC HEALTH INSTITUTE

National Data Management Centre and Analytics for Health

# WORKING GUIDELINE FOR DATA TO ACTION UNIT

**June 2021**

**Addis Ababa, Ethiopia**

**Acknowledgements**

We would like to acknowledge the team members of Data to Action unit who dedicated their time for the developing of this guideline. We would also like to convey our gratitude to the National Data Management Centre for Health for creating the opportunity to develop this guideline, facilitating the development process, commenting and editing the drafts.

## Preface

As part of the National Data Management Center (NDMC) for Health, the Data to Action unit has been given the responsibility of synthesizing and translating evidence. In the technical sense, it takes the role of leading, coordinating, and engaging in setting priority topics for evidence, and synthesizing and translating evidence. The unit applies contemporary scientific methodologies to generate demand-driven evidence and facilitate the use of informed decision making to improve public health policies and practices in Ethiopia. The generated evidence will then be disseminated to the different stakeholders through publications, briefs, and media outlets. In the contemporary practice of synthesizing evidence, the unit prepares manuscripts, evidence briefs, scientific blogs, workshops, and mainstream and social media.

This guideline aims to serve as an in-house working protocol of the unit. The major tasks of the team are presented with respect to NDMC's goals and objectives. First, the guideline gives directions on how to go about setting health priority issues for synthesizing evidence. Next, it presents major issues to consider while preparing texts for evidence briefs. Once the briefs are prepared and finished, the guideline brings its third guidance – translating evidence. Given that translating evidence includes different mechanisms and approaches, the guideline puts binding procedures and channels for the dissemination of research findings. Fourth, the guideline considers collecting feedback from different stakeholders to whom the findings have been distributed.

Table of Contents

## List of Tables



## List of Figures

## Acronyms

BOD- Burden of Disease

DAV- Data Analytics, Modelling and Visualization

DReG-Data Repository and Governance

DTA-Data to Action

EPHI- Ethiopian Public Health Institute

HSTP- Health Sector Transformation Plan

MOH- Ministry of Health

NDMC- National Data Management Center

This page intentionally left blank.

# Part 1

# Introduction and General Provisions

## 1.1. Background

The term evidence is often used synonymously with knowledge, but it refers to findings from both research and other knowledge that may serve as a useful basis for decision-making in public health and healthcare. Besides, it is a combination of explicit knowledge (i.e. verifiable, reproducible and structured scientific research and tacit knowledge) (e.g. experiences, opinions, views, culture, resources, pressure groups, political environment) (1).

Health policy, in its broadest sense, can be defined as the action of governments and other actors in society that are aimed at improving the health of populations. In principle, there would be a cycle of policy formulation, implementation, and assessment. In the assessment of policy outcomes, scientific evidence should play an important role typically addressing issues such as the general health status of the population and various subgroups, broad and specific health determinants, the occurrence of specific diseases and the use of health services. Therefore, in a rational approach, health policy would address those health determinants and diseases which have a substantial and proven contribution to the health status of the population.

Evidences have a wider perspective of use. Evidence-based medicine or evidence-based clinical practice is the judicious application of the best current knowledge to the condition of the individual patient. Evidence can also be used for groups of patients or populations, and the terms used to describe these activities vary from one document to another, sometimes being called evidence-based health care, evidence-based management, evidence-based public health, or evidence-based policy making (2). Clinical guidelines can be defined as systematically developed statements to assist clinicians and patient's decisions about appropriate health care in specific clinical circumstances. If evidence-based, they may contribute to further designing and improving the quality of health care delivery and enhance population health. They may promote resource efficiency by identifying sources of inappropriate use of care and lead to decreased practice variation. (3)

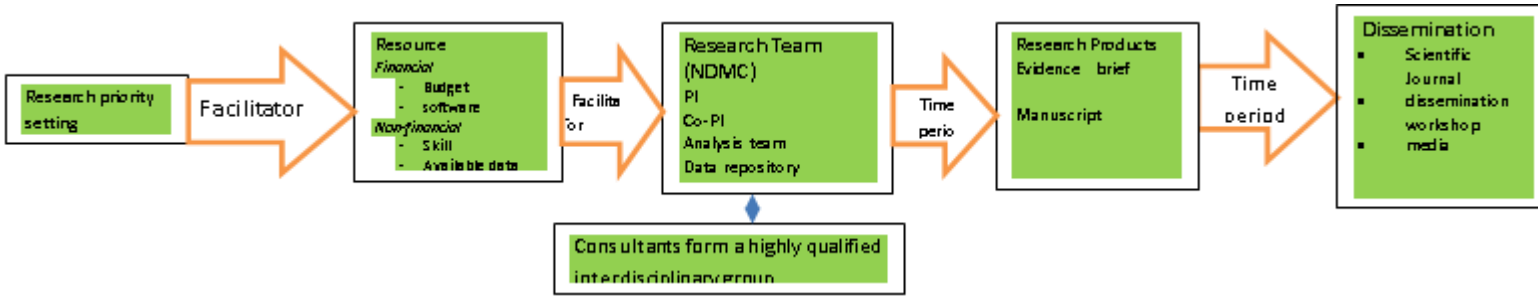
To generate and synthesize convincing evidence, researchers need to consider a prioritized health problem in the health system of the country care system. The primary aim of research priority

setting is to gain consensus about areas where increased research effort including collaboration, coordination and investment will have wide benefits to society. Priority-driven research has a clearly defined purpose, with an emphasis on answering questions of key importance that are likely to have a significant impact on knowledge or practice in the short to medium term (4). Various prioritization tools are out there for prioritizing a research agenda. Each tool, having considered different set of criteria, has its own drawback and implementation that varies from country to country as well (5–7). Different approaches for priority setting elsewhere include, but are not limited to: Child Health and Nutrition Research Initiative (CHNRI) method, followed by Delphi method, James Lind Alliance method, the Combined Approach Matrix (CAM) method, the Essential National Health Research method, combination of expert panel interview and focus group discussion (consultation process), online surveys, and the combination of literature review and questionnaire data (8, 9).

Priority setting in research is as critical as conducting the research itself. This should be based on sound methods, scientific process and in-built mechanisms to facilitate subsequent utilization of findings (5). In Ethiopia, health research activities are conducted by several research institutions including the Ethiopian Public Health Institute (EPHI). Research and development, however, has been hampered by uncoordinated priority setting of the research agenda demanding objective criteria for priority agenda setting (10). The identified topic then examined via evidence synthesis. This is accomplished through searching, identifying, assessing, and compiling the findings into a coherent body of work (11).Evidence synthesis is an approach to integrating findings from peer-reviewed and grey literature to summarize a substantive and diverse body of evidence. Moreover, evidence synthesis is characterized by its systematic and transparent approach to formulating questions and searching, appraising, synthesizing and packaging the body of evidence to provide a more comprehensive picture than a single study could do (1). However, in the context of the Data to Action unit of NDMC, evidence synthesis represents a broader concept of generating any kind of evidence using any form of secondary data, but not limited to synthesis from systematic review.

Once synthesized, an evidence brief has to be disseminated for stakeholders and the scientific community for evidence-based decision making. Rather than relying on the passive transfer of information, translators identify, filter, interpret, adapt, contextualize and communicate evidence

for the purposes of policymaking, in a number of different contexts and operating under various types of constraints (12). In this regard, the DTA team will contextualize and communicate evidence through a number of communication and dissemination outlets. The team of NDMC assumes that evidence synthesis and evidence based practice as a continuous interconnected process that flows in a vicious cyclic manner with: priority setting, evidence synthesis, evidence translation and evidence based practice being inter connectedly one leading to the other cyclically. Therefore, this guideline helps as a working manual to guide priority setting, evidence synthesis and evidence translation activities to be under taken by the DTA team of the NDMC. Schematically, the structural characteristics of research project activities in NDMC/EPHI looks as follows.




## 1.2. Application of this Guideline

This guideline will be used as a protocol among staff members of NDMC at EPHI. Given that it is primarily for the DTA team, it is intended to be used for prioritizing topics, synthesizing evidence, and translating evidence.

## 1.3. Purpose of this Guideline

In principle, it is a known fact that evidence briefs are research syntheses in a user-friendly format, offering key evidence to decision makers at different level. Evidence briefs have the potential to improve the chances that policymakers will read, consider and apply the contents of research summaries when reaching policy decisions. It serves as an informative and persuasive tool for policy makers in health and outside health organizations, politicians, NGOs, advocates and journalists. With that regard, the task of preparing evidence briefs and manuscripts needs to follow standard procedures from the very beginning to the end. All in all, this guideline aims to show clear direction on the whole process of preparing and disseminating evidence briefs.

## 1.4. Revision of the Guideline

This guideline shall serve for two years from endorsement. If, however, amendments are not made after three years, the existing version of the guideline will be kept serving on the status quo.

.

# Part-2

# Setting Priorities for Health Evidences

The Data to Action unit has a series of activities ranging from research priority settings to evidence translation. The setting research priority of the unit concerns setting criteria to identify topics (areas that require evidence and areas where there are data gaps) for analysis. The unit gives priority to issues identified by FMoH's high-level decision makers who need evidence to inform their day-to-day decisions.

The unit annually releases priority thematic topics/areas to direct the center's investment and to draw an annual action plan.

## 2.1. Sources of Topic Generation and Process for Evidence Synthesis

The unit follows different approaches to generate researchable topics for the center and beyond.

- **Ideas from Stakeholders and Others Including MoH**

  This may include other approaches such as organizing stakeholders meetings, communicating with local research institutes, health policy makers, individual researchers, professional associations, institutional review boards, funding organizations and others.
- **Literature Reviews**

  The unit also uses reviews of scientific literature to identify possible gaps that need further generation of evidence and the availability of adequate published papers to conduct systematic reviews and meta-analyses. The unit also focuses on reviewing important working documents from the health sector-like the HSTP of MOH, and various program guidelines and manuals of the health center.
- Researchable ideas may also originate from professionals' day-to-day observation, professional conferences and experts' recommendation in the field.

## 2.2. Objective Criteria for Selecting a Research Topic

The unit uses the following nine criteria as a basis to objectively judge topics' relevance for research and scientific merit under consideration.

### A. Availability of Data

DTA essentially uses secondary data for evidence synthesis. Therefore, the first task is to assess the availability of data that allow for the conducting of evidence synthesizing in collaboration with the data repository and governance (DReG) unit of the center. If there is no sufficient data in terms of quality and quantity, it is not worthy to work the prioritization process at all.

### B. Relevance of The Problem (Magnitude and Severity)

The magnitude of seriousness of a given problem will be rated under this criterion. The target group affected by the problem will also be considered. If the topic is considered not relevant, it is not worthwhile to continue rating it.

### C. Avoidance of Duplication

Before one decides to carry out a study, the unit will find out whether the suggested topic has been previously investigated. If the topic has been researched, the results should be reviewed to explore whether major questions that deserve further investigation remain unanswered.

### D. Urgency of Data Needed

The urgency of results needed for decision making or developing interventions at various levels should be evaluated. It can also allow to us to sequence research, considering which research should be conducted first and which can be done later.

### E. Political Acceptability

As it is advisable to research a topic that has the interest and support of the government, the unit mainly focuses on the interest of the federal ministry of health's evidence need and the working documents of the ministry. This will increase the chance that the results of the study will be implemented. If the unit and the center believe that a study is required to show that the government's policy needs adjustment, even if it is not supported by the politics, the unit will try

to involve the policy-makers concerned at an early stage to limit the chances of later confrontations.

**F. Feasibility of Study**

Issues considered under this are the complexity of the problem and the resources required for the project proposed in terms of manpower expertise, time, equipment and money.

**G. Applicability of Results**

Since the applicability of the final recommendations depends on the management capability of the health sectors, the unit has to consider the availability of resources for implementing the recommendations, in order to judge, using possible anticipated recommendation scenarios, how likely that the recommendations from the study will be applied.

**H. Ethical Acceptability**

Since the unit relies on secondary data for every proposed research, it is unlikely that major ethical issues will arise. Hence, it is wise to consider important ethical issues in line with the following points.

- How acceptable is the research to those who are subjects of the study?
- Can informed consent be obtained from the research subjects or owner of the data?
- Will the results be shared to those who are being studied?
- Will the results be helpful in improving the lives or health of those studied?

**I. Researcher Interest**

The research interests of the investigators shall also be considered if comparable ratings of topics exist to make a final choice among the topics.

### 2.3 Scales for rating research topics

Each of the criterion mentioned above will be rated based on a scale of three points rank, and the total score over the nine criteria will be summed up to identify the subsequent top ranking priority researchable topics.

- Availability of Data

1. = No data available

2. = Data available, but not sufficient

3. = Data available

- Relevance

1. = Not relevant

2. = Relevant

3. = Very relevant

- Avoidance of duplication

1. = Sufficient information already available

2. = Some information are available but major issues are not covered

3. = No sound information is available

- Urgency

1. = Information not urgently needed

2. = Information could be used right away, but a delay of some months would be acceptable

3. = Data very urgently needed for decision-making

- Political acceptability

1. = Topic not acceptable to high level policymakers

2. = Topic more or less acceptable

3. = Topic fully acceptable

- Feasibility

1. = Study not feasible, considering available resources

2. = Study feasible, considering available resources

3. = Study very feasible, considering available resources

- Applicability

1. = No chance of recommendations being implemented

2. = Some chance of recommendations being implemented

3. = Good chance of recommendations being implemented

- Ethical acceptability

1. = Major ethical problems

2. = Minor ethical problems

3. = No ethical problems

- Researcher interest

1=Less interest

2=Medium interest

3=Highly interested

*Table 1: Prioritization matrix to identify the priority researchable topic*

| Topics | Data availability | Relevance | Urgency | Political acceptability | Avoidance of duplication | Feasibility | Applicability | Ethical acceptability | Total score | Rank | Remark |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

## 2.4. The Delphi Method of Priority Setting

In addition to the criterion based priority setting done by DTA team, the team will seek expertise opinion as well. Therefore, the collected titles with the prioritization criteria will be shared to different professional associations and experts in the field so that they can prioritize and share their views. Compiling the priority topics from different experts, the DTA team will generate the final priority topic and proceed with the evidence synthesis process.

In general, the DTA team is responsible for initiating topic generation by inviting all NDMC staffs and selected stakeholders. In that regard, the MoH will be invited to suggest the possible researchable topic of interest. After receiving and compiling the list of possible topics, the DTA team will execute the prioritization process using objective prioritization criteria and share the priority topics within the NDMC staff for possible comments, suggestions and modifications. After possible modifications following the comments, the DTA team will distribute topics for the lead authors within the team creating a linkage with DReG and DAV team members for a collaborative effort.

# Part-3

## Synthesizing Evidences

The processes to prepare briefs involves identifying, locating, assessing, and analyzing the information needed to support the research question. Moreover, research can be seen as a series of linked activities moving from a beginning to an end. Research usually begins with the identification of a problem followed by the formulation of research questions or objectives. Proceeding from this, the researcher determines how to best answer these questions and so decides what information to collect, how it will be collected, and how it will be analyzed in order to answer the research question. These interlinked tasks are each performed by experts of the field in NDMC with a team-based approach for quality evidence production. In addition to conducting research, the DTA team, also acts as a coordinator between different teams of the NDMC.

### 3.1. Conceptual Framework of Research Team Coordination by EST Team

This conceptual framework of coordination is a way by which organizational activities are divided, organized and coordinated. The team creates the structures to coordinate the activities of work factors, and control members' performance. In addition, the DTA team sees the coordinated efforts of various teams organized with different expertise under NDMC to generate stronger and high-level evidence (Figure 2). The DTA team guides the research process for evidence synthesis in a coordinated manner as follows.

**A. Development of Concept Note**

Once the priority topic is distributed among members of the DTA unit, team members will act as the lead investigators and develop a concept note that will be shared among different experts of the center for approval. Once approved, the lead investigator, in collaboration with different specialists, will continue to work on the project. Lead investigators can be assigned by DTA team from other units in NDMC. This task must be completed within three weeks following title approval. The first two weeks is dedicated to the development of the concept note and the third week for the approval of concept note.

### B. Data Fetching and Data Quality Assurance

In collaboration with the DReG unit staffs, each lead investigator will try to access the data required for the analysis purpose. This task should to be completed within 1 week of approval of the concept note.

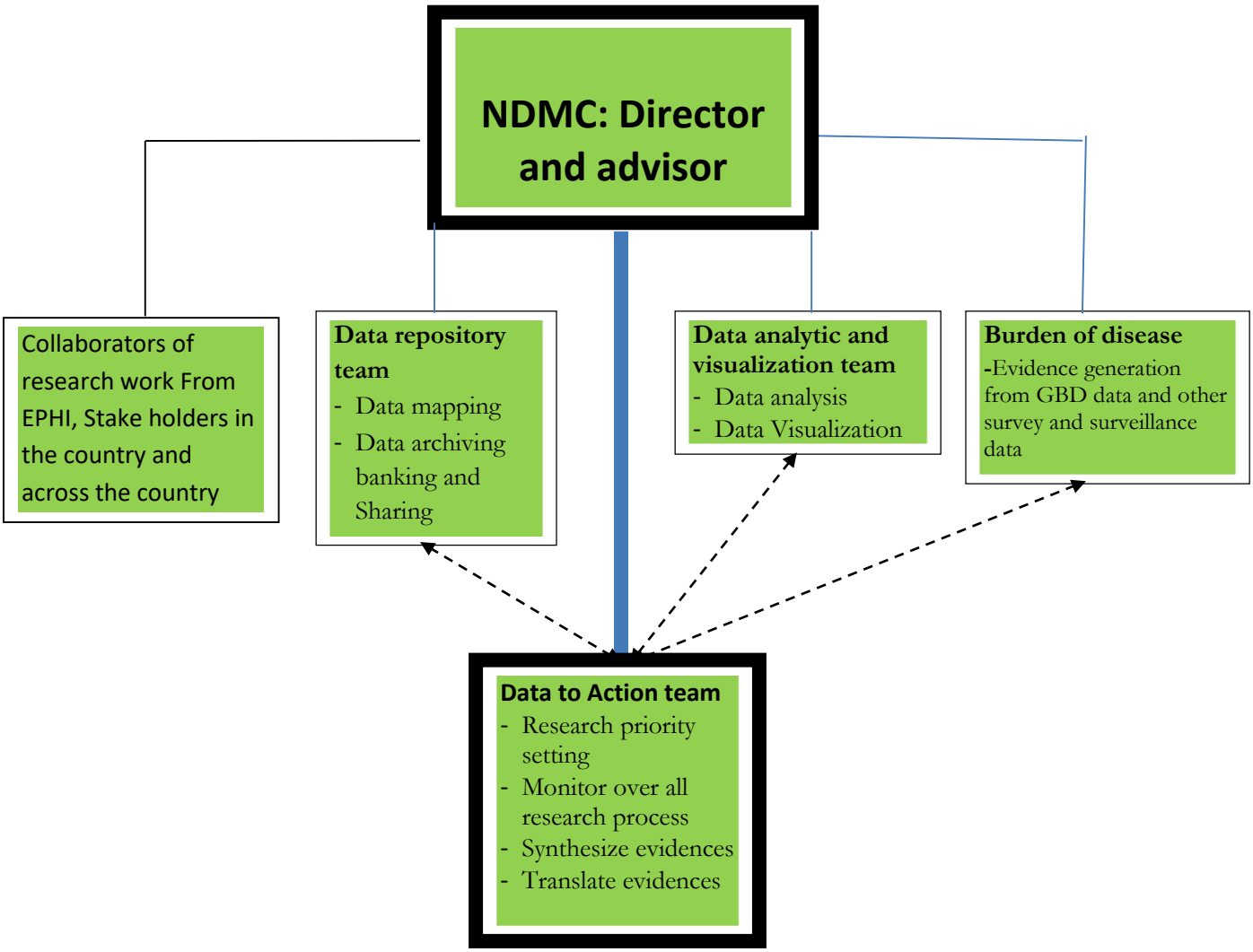



*Figure 1: Conceptual framework of research team coordination and the division of tasks across teams organized under NDMC based on their expertise for research*

### C. Data Analysis

The lead investigator in collaboration with the DAV team will conduct analysis and interpretation of the findings. This task should be completed within 4 weeks of accessing the appropriate data.

### D. Report of the Findings

The report of the findings will be done by the lead investigator of the project. Once the report is finalized, the lead investigator is responsible to submit the paper to DTA team with in the pre-scheduled time frame, so that it can be sent for review and comments by internal and external professionals. The entire process should be completed within 8 weeks following the analysis.

## 3.2. Preparation of the Brief and Basic Issues

### 3.2.1. The basic elements of an evidence brief

Briefs prepared under NDMC shall have the following basic elements.

- Title
- Introduction
- Key messages
- Conclusions
- Acknowledgements and contact details

***Title***

The title of any evidence brief should be short, appealable, and concise.

- ***Short***: The word count of the title must be less than 12 words.
- ***Simple***: It should be both informative specific, concise yet convey the main ideas clearly. Since the users of evidence brief are informed non-specialists, the title should be easily understood.
- ***Appealable***: It should grab the reader's attention. Researchers need to include relevant key words, or find an unusual term or phrase that sticks in the mind. Also

consider using a question as a title. Convoying the key message/finding of the research work can make a title memorable.

- Besides, the title should not be a conclusion. For instance, titles like "The ministry of health should invest in NCD treatment" will cause the reader to have an opinion before reading the evidence brief.
- The researcher should not use academic titles; instead make the title 'memorable or engaging'. For example, use title like "burden of malaria" rather than "analysis of the burden of malaria: a cross sectional study". The second title focuses on reporting a research, not communicating the message.

***Introduction***

This must be the first part of the main body of the brief. The introduction section must describe about the existing problem and inform why preparing this evidence brief is important and what the evidence brief is going to tell. While drafting the introduction section of the brief, researchers should consider the following leading ideas.

- It must introduce the topic, and it must tell why it is important by informing about the problem statement and what it aims to answer.
- Background, context (What happens, where, when, and who is involved?)
- Causes of current situation (Why? Give evidence or examples.)
- Use a maximum of six sentences to write this section.
- Include some necessary information such as the method employed in the study in a broader term for example, a systematic review, GBD analysis, modelling, data sources (mandatory) and other non-expert languages. But it needs to be short and orient the reader toward the message being communicated.

***Key Findings***

Each individual section in the key findings should highlight key pieces of evidence or demonstrate simple facts in a clear way. To keep your key findings readable:

- Put only the most important message in a logical sequence that will make the readers go through the whole brief;
- Do not compare too many things in figures/graphs/tables;

- Do not repeat messages that can easily be interpreted from the tables/figures unless it is something the researcher wants to emphasize;
- Do not report information like 'confidence intervals'.
- Use short wordings - 1 million", instead of using 1,000,000.
- Use sub-headings if the findings can be classified in to two or more components

***Conclusion***

The conclusion section should focus on informing the major findings, implications of the findings and providing recommendations. The author of the evidence brief needs to put forward a feasible and practical set of recommendations by mentioning the existing programs/strategies that are being implemented. This will be a selling point to attract or convince the decision makers that researchers understand the current strategies the government is implementing.

***Acknowledgments and Contact Address***

- Acknowledgments

In this section of the brief, researchers are expected to forward their gratitude to funding sponsors, partners, data sources, individuals or anyone who made a significant contribution towards the research or evidence brief. Researchers can consider sharing the briefs produced to the collaborators to give them a chance to express their view, or simply ask them how they want to be mentioned in this section.

- Contact address

Publication detail shall include the following basic information.

- An address where readers can find more information (NDMC's address).
- Information on the copyright– other parties cannot reproduce the material without permission (It is a must for researchers to use the © to mark the copyright of NDMC.), Date
- Don't exceed four sentences to write this section.

### 3.2.2. Formatting

**Basic Formatting**

- The font style of texts in an evidence brief must be Arial or Calibri, and must be sized 12.

- Font size and font type must be consistent throughout the text.
- Set line spacing to 1.15 throughout the document.
- Use ‘add space’ before/after paragraph.
- Don’t underline section titles; instead boldface them.
- Don’t boldface except they are section titles of the brief (introduction, results, etc.).
- Do not use the ‘justify’ to alignment.
- Use a single space after all punctuation, not two spaces.
- Number all pages of the entire manuscript serially in the middle of the bottom position.

**Formatting illustrations – figures and tables**

- Use illustrations – such as figures and tables – if they provide information better or more economically than text.
- A single evidence brief shall not contain more than five illustrations of any kind (tables, pictures, graphs and charts).
- Number figures and tables separately and consecutively (e.g. Fig. 1, Fig. 2, Fig. 3; Table 1, Table 2, Table 3, etc.). Mention them in the text before they appear and then place them as close as possible to where they were first mentioned.
- Keep titles of illustrations as short, simple and clear as possible. Ensure that the information in illustrations agrees with that in the text.

**Tables**

- Keep the number of rows and columns to a minimum – not more than four columns and six rows.
- Put the rows in a logical order: by size or alphabetical order, or scientific flow as per the nature of the study.
- Highlight table cells (using shading, labelling or boldface type) that you want to draw the readers’ attention to make it easy for them to see the information you want to present.
- Consider converting a table into a graph if it makes the information easier to read.

**Figures (chart, graph, photograph, or drawing)**

- Use figures to complement information in text or to simplify texts.

- Number figures in the order they are first mentioned.
- Ensure that figures are simple, clear and consistent in presentation and vocabulary.
- Give credit for each photograph and drawing used in the brief, and acknowledge your source with the copyright symbol (E.g. © WHO/ Sandra Jones)

**Titles and captions of illustrations**

- Titles of all illustrations must come at the top of the illustration, and they must all be italicized.
- Important notes to about a table must appear below the table.
- Captions and numbering of tables and figures must appear below the illustration, and it must be italicized.
- The legend of all figures must appear within the boarder of the figure.

**The Quality and Resolution of Illustrations**

*Table 2: Quality and resolutions of illustration Specification Preferred format*

| | **Illustration** | **Specification** | **Preferred format** |
|---|---|---|---|
| 1 | Table | Line weight: 1<br>Style: plain grid<br>and light grid | Ms. Word<br>(necessary)<br>and PDF |
| 2 | Small Image | 80 mm canvas<br>size or pixel<br>dimensions<br>(width): 1800 px. | PDF |
| | Large image | 180 mm canvas<br>size or pixel<br>dimensions<br>(width): 1800 px. | |
| 3 | Line art | 600 dpi | Ms word<br>and PDF |
| 4 | Chart | 600 dpi | PDF |

### 3.2.3. Languages of Evidence Brief

- Since English is the dominant language of research and academia, the default langue of briefs at NDMC shall be in English. Formal English shall be used throughout the document.
- If English persists as the working language of NDMC's stakeholders, partners and donors, evidence briefs should continue to be written in English.
- As Amharic is a lingua franca and working language of the government in Ethiopia, evidence briefs shall be written in Amharic for the aim of reaching out the media and other concerned ministries when needed.
- Other Ethiopian languages shall be used on the demand and readiness of regional governments and according to the target decision makers.

### 3.2.4. Document Type and Page Limit

- All evidence briefs under NDMC should not exceed 2 pages.
- The first draft of all evidence briefs should be written with Ms. Word format.
- The content edited and proofread version of all evidence briefs shall be converted to PDF format when planned to be disseminated.

### 3.2.5. Issues on Branding and Template

All evidence briefs prepared under NDMC must use only the approved templates.

### 3.2.6. Linguistic Issues

A. Avoiding fragments

- If the main text of the brief is presented with bullets, the sentences do not turn to a fragment. Every time, consider constructing sentences using one simple subject and predicate.
- Sentences in an evidence brief must be short (8 – 9 words).
- Avoid a structure that overwhelmingly uses conjunctions here and there. Discuss a single idea, and use a period at the end.

B. Avoiding fused sentences

- Don’t bring two independent sentences without anything separating them.
- Use a semicolon, or a comma followed by a coordinating conjunction (see Annex 1) to separate two independent sentences.
- Unless it is essential for the coherence of the paragraph, don’t bring to sentence together – dissect them in to two different sentences.

C. Cohesion

- Sentences in an evidence brief must be interconnected in a logical manner, and to mark that, there need to be cohesive devices between each sentence.

### 3.2.7 Submission and Evaluation of Evidence Briefs

A. Submission

Any evidence brief prepared under NDMC shall pass through the following steps.

B. Evaluation of evidence briefs

The evaluation of evidence briefs will be based on a standardized checklist. This will be done by the case team of evidence synthesis and translation. All in all, the case team is responsible for checking:

- The formatting and layout of briefs;
- The presentation of tables and figures along with the text;
- The languages used in the evidence brief, and do proofreading when needed.

Evidence briefs which will be communicated to MoH and other stakeholders will be developed by the lead investigators. The lead investigator is responsible to submit the evidence brief to the DTA team with in the pre-scheduled time frame, so that it will be sent for review and comments by internal and external experts. See the evidence brief preparation guideline for further details.

### 3.2.8. The review process for manuscripts and evidence briefs

**A. Evidence brief**

Once the evidence brief is prepared by the lead investigator/s, it will be presented by the lead investigators to the entire NDMC team for possible comments and suggestions.

After incorporating the comments, the lead investigator will present the evidence brief once again to the respective case team in his unit.

Then, the lead investigators will submit the corrected version to the DTA team. The DTA team then conducts and coordinates a 2 round review process with in the NDMC staff and with the lead investigator to make the final version ready for dissemination.

The entire process will be under close supervision and coordination of the DTA team and will be completed within 4 weeks following the development of the first draft of the evidence brief.

**B. Manuscript**

Once the draft manuscript is prepared by the lead investigator/s, selection of co-authors who possibly engaged in the review process will be selected by the DTA team and lead investigator. Dissemination of the manuscript to the selected co-authors will be done by the DTA team for up to three consecutive reviews in collaboration with the lead investigator who will include the comments accordingly.

Comments of the first draft will be collected back within 2 weeks, followed by comments to be addressed within 1 week by the lead investigator. Then both the second review comment and inclusion of the comment by the lead investigator will be done with in one week each, respectively. Finally, both third round review comments and inclusion of the comments by the lead investigator will be done with in 1 week and the final manuscript will be ready for publications. The entire manuscript review process should be completed within 7 weeks.

# Part- 4

# Translating Evidences

Translation involves choice. Translators make conscious changes to the knowledge they are using: they choose between alternatives and they determine what the right information is, and for whom it is right. It is therefore a political, rather than a solely technocratic, process (12). The unit guides the type of evidence communication channels and communication strategies the center should have, and on how to track translated evidence to get feedback for improvement.

Evidence translation activities include developing appropriate policy translation mechanisms and materials that includes publications, policy briefs, web communications, mainstream and social media by preparing blogs, newsletters, and media briefs and preparation of evidence use tracking mechanisms. Together with the Burden of Disease unit, it will conduct dissemination workshops specific to burden of diseases; writing policy briefs, manuscripts and publications.

Some of the selected approaches used by the unit for the translation purpose are the following.

- Dissemination of evidence briefs for stakeholders;
- Presentation on scientific conferences and seminars;
- Publication on peer reviewed journals;
- Websites of EPHI and NDMC;
- Blogs

## 4.1. Dissemination of evidence briefs for stakeholders

The evidence briefs generated will be shared to selected stake holder through email communications on a regular interval one by one in order to improve readability and its utilization. Evidences will be shared specifically to the concerned departments and officials, which will be determined based on the topic of which the evidence is generated. Stakeholders will be chosen from governmental, non-governmental and private firms working on health and health related fields.

## 4.2. Publication on Peer Reviewed Journals

### Selection of a Journal

The journal selection will be made by the DTA team in consultation with the staff of NDMC. The journals need to be peer reviewed and indexed journal with best impact factor possible that can be accessed. Paid publication will also be taken as an alternative to fee waiver publication as far as the quality of journal is preferred.

### Preparation of a Manuscript

Manuscripts for the publication purpose will be prepared by the principal investigator in collaboration with DTA team staff based on the criterion specified on the manuscript preparation template shared for authors by the journal.

### Submission and correspondence of publication process

Making follow-ups on the publication process will be the responsibility of the author/s in collaboration with the DTA team.

Manuscripts prepared under NDMC shall fulfill the requirements to be published by a peer reviewed journal. When planning to publish in a journal, authors and researchers need to consider the following prerequisites.

A. The journal needs to be a peer reviewed journal;

B. The journal needs to be indexed;

C. The Editorial Board (and any supporting committees) of the journal must be diverse both institutionally and geographically;

D. The journal needs to have its own website, and archival, and a digital preservation arrangement with an external party.

### 4.3. Workshops and Conferences

In the contemporary practices of disseminating research findings, research findings are the most common ways of discussion platforms. However, the preparation of workshops and scientific conferences at NDMC need to follow a standard procedure. Hence a document of inquiry needs to be prepared by the DTA team with the following major elements.

**1. Narrative**

The general narrative of the document is supposed to give introduction on the whole gist of the workshop/ conference. It is supposed to give information on the major inspirations of the workshop. Along with that, the purpose of the workshop/ conference needs to be stated clearly.

**2. Important personnel and keynote speakers**

Organizers need to think of inviting and listing important people who can be special guests. In addition to that, guests to be invited from other institutions must be stated clearly.

**3. Budget and Timeline**

The document needs to clearly present the total cost and time of the event. Tabularized presentations of items are preferred to present information of this sort.

### 4.4. Using the Electronic Media

**A. Television**

Since a television production needs its own logistics and crew, the degree of seriousness of the issues to be entertained on a TV production need to be very high. Moreover, the availability of materials appealing to the sense of seeing needs to be given consideration. With that in mind, while choosing television to communicate something, the team working on evidence translation shall take the following points under consideration.

- Sensitive and timely issues shall need a television production;
- Vibrant and major achievements of the center need to be communicated boldly;
- Issues which need video assistant shall need a television production.

**B. Radio**

Issues communicated on a radio shall easily be understandable without any visual aid. When choosing an issue to communicate through radio, the team needs to:

- Consider issues that can affect peoples' life directly;
- Consider the timeliness level of urgency of the issue;

### 4.5. The Internet

**A. Facebook**

• Official NDMC account should use Facebook Pages instead of profiles. A profile is an account used by individual accounts, while a page is an institutional URL intended for companies/organizations/VIPs.

• Accounts should always include relevant and up-to-date photos and videos (if there is any).

**B. Twitter**

- Accounts that duplicate content should be avoided. Using at least some original content emphasizes one's commitment to the platform.
- Hashtags embody the core of Twitter (#). They appear in front of keywords included within the text of a tweet that help distinguish content and make it easy to locate.
- Hashtags are perhaps most important when providing live coverage of an unfolding event, and particularly in times of crisis, but try to limit yourself to two or three per tweet.
- Maintain a consistent tone in the language used. Content on Twitter generally should be conversational, though one should not get too carried away with abbreviations and slang.

**C. Web page**

Unlike Facebook and twitter, posts on a webpage are meant to stay longer. Hence, NDMC, shall use its web page whenever there are events and new incidences. With that regard, while communicating messages via NDMC's web page, the following basic qualities must be taken as benchmarks.

- Informational:

The content of the message should include the correct keywords that will match exact and related search queries so that users quickly and easily find the answer to their questions. Messages on NDMC's page need to be consistent with the queries ranked by the center's management body. Keywords should be used in variations that make sense in the sentence and according to the health sector's jargon. However, the overuse of keywords and jargons may lead to ambiguity and message interruption on non-health related audiences.

- Concise:

In principle, web based communications should use direct, descriptive, easy-to-understand language. With that mentality, NDMC's web communication needs to get to the point as quickly as possible and avoid extraneous sentences. The content must be optimized for a typical web reader. It is, therefore, highly recommended to use proper formatting techniques such as short paragraphs and descriptive titles, headings and subheadings to break up text and make the content more inviting. This structure also helps search engines make correct conclusions about the page's topic and content hierarchy.

- Timely

Since the websites are communication platforms that can be updated every now and then, readers and audience expects instant happenings and updates on web pages. Hence, contents on NDMC's page need to be timely and updated at least with 24 hours interval.

**D. Blog**

A blog, in its conventional sense, (a shortened version of "weblog") is an online journal or informational website displaying information in reverse chronological order, with the latest posts appearing first, at the top. Besides, it is a platform where a writer or a group of writers share information and their views on an individual subject. In the context of NDMC, a blog shall be used to inform potential audiences and stakeholders about a research finding. With that regard, every blog post needs to adhere to the following basic rules.

A. Define an audience, and speak to one target audience – the whole time

B. Be short and precise: A good blog post is between 400 – 1,000 words. Standard posts are easy to skim by cutting content up into sections or lists.

C. Have a compelling title and leading paragraph: Make readers want to read the post right away.

D. Use anecdotes (if possible): Presenting a story from real life and individuals' (groups') perspective gives the whole story life.

E. Include a Call to Action (CTA): Blog posts should end with something that moves readers to a next step.

### 4.6. Using the Print Media

NDMC can communicate its messages and research findings through the print medium whenever there are issues which need in-depth analysis and description. Interviews and research news can be presented on a print media. With that regard, NDMC shall use one of the following print media platforms to communicate its messages.

A. EPHI's and NDMC's Newsletters: these shall be applicable to reach the internal publics of EPHI and its potential stake holders.

B. Commercial Newsletter: this shall be used whenever there is the intention of reaching out the mass population outside.

While using the print media, however, it has to be known that every print medium has its own editorial policy. Given that these editorial policies give directions on the how to go about things, NDMC's print contents shall adhere to the following print media protocols.

- Accuracy And Fairness

A. Since all print media adhere to the press law of the country, NDMC's journalists (reporters) should be honest, fair and factual in gathering, reporting, interpreting and publishing information.

B. Care has to be taken not to publish inaccurate, misleading or distorted material, including pictures, data and graphics.

C. Whenever it is recognized that an inaccurate, misleading statement or distorted report has been published, it should be corrected promptly and with due prominence. An apology must be published whenever appropriate on behalf of both EPHI and NDMC.

D. Reports and news stories at NDMC must be free to bipartisanship. With that regard, facts must be distinguished from comments and conjecture.

E. Analysis and commentary should be distinguished from straight research news reports and not represented as fact.

- Issues with Patients

Reporters and photographers of NDMC making enquires at hospitals or similar institutions should identify themselves to responsible officials and obtain permission before entering designated non-public areas.

- Discrimination

Media reports from NDMC must avoid prejudicial reference to a person's race, ethnicity, color, religion, gender or to any physical or mental illness or disability.

- Photographs

Photographs, if used by NDMC, must be used with caution so as not to offend public sensibilities. The reporters and journalist of NDMC must be careful in using graphic pictures of tragedies so as not to contribute to the pain of victims and the bereaved.

### 4.7. Reaching out People with Disabilities

Access to information is a right granted to all people regardless of their age, gender, health condition, color and religion. With that regard, NDMC's reporters and journalists should be considerate of the following people.

- **The blind**: Whenever presenting news of research findings on the web, NDMC shall consider uploading the audio version of the research news.
- **The deaf**: Since the deaf communicate through sign language, a recorded video of a sign language expert translating the research findings must be uploaded on the webpage.

### 4.8. Languages for Media Correspondences

Languages used on the media shall be determined by the audiences' background.

## Part- 5

## Work Flow Monitoring Chart of DTA

In order to standardize the administering researches, EST needs to develop an appropriate work flow time plan for managing different research projects through the entire year.

*Table 3: Activity tracking chart for work progress flow-up and monitoring*

| S.No. | Activity | Responsible body | Time frame/weeks | Monitoring the progress | Remark |
|---|---|---|---|---|---|
| **1.** | Demand assessment for priority setting | DTA | 4 | Continuous email communication (weekly) | This will be done once in a time during the demand assessment activity. |
| **2.** | Topic prioritization | DTA and stakeholders | 2 | Continuous email communication | |
| **3.** | Consultative workshop for topic approval | NDMC | 1 | Continuous email communication | |
| **4.** | Assignment of lead investigator and networking with DReG and DAV unit | DTA | 2 | Weekly PI report | These two tasks will be done simultaneously |
| **5.** | Concept note development | DTA and lead investigator/s | 2 | | |
| **6.** | Approval of concept notes | DTA and NDMC | 1 | Continuous email communication | |
| **7.** | Accessing data | lead investigator/s and DReG | 1 | Weekly PI report | These two tasks will be done simultaneously |
| **8.** | Data management and analysis | lead investigator/s and DAV | 4 | | |
| **9.** | Manuscript write-up | lead investigator/s | 8 | Weekly PI report | |

| | | | | | |
|---|---|---|---|---|---|
| **10.** | Manuscript revisions | DTA and NDMC | 7 | Continuous email communication | These two tasks will be done simultaneously |
| **11.** | Evidence brief preparation* | DTA and lead investigator | | Weekly PI report | |
| **12.** | The editorial and approval process of evidence brief | DTA and NDMC | 4 | Continuous email communication | |
| **12.** | Journal manuscript preparation and publication correspondence( until acceptance) | DTA and lead investigator/s | 12 | Continuous email communication | These two tasks will be done simultaneously |
| **13.** | Other dissemination channels | DTA | 12 | Continuous email communication and weekly report from translation specialist | |
| *****in case of evidences that do not need manuscript, evidence briefs will be prepared directly following the data analysis. | | | | | |

## References


1. Karlsson LE, Takahashi R. HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 50: A resource for developing an evidence synthesis report. Heal Evid Netw Ser. 2017;50:73.
2. Muir Gray JA. Evidence based policy making. Br Med J. 2004;329(7473):988–9.
3. Niessen LW, Grijseels EWM, Rutten FFH. The evidence-based approach in health policy and health care delivery. Soc Sci Med. 2000;51(6):859–69.
4. Bryant J, Sanson-Fisher R, Walsh J, Stewart J. Health research priority setting in selected high income countries: A narrative review of methods used and recommendations for future practice. Cost Eff Resour Alloc. 2014;12(1).
5. Progress in priority-setting methodologies. Akan dicari.
6. McGregor S. Henderson Klara J. and Kaldor John M. How are health research priorities set in low and middle income countries? A systematic review of published reports. PLoS One. 2014;9(10).
7. Viergever Roderik F. Health research prioritization at WHO An overview of methodology and high level analysis of WHO led. Analysis. 2010;(September).
8. Who. Approaches to priority setting. 2010;3:23–35.
9. Yoshida S. Approaches, tools and methods used for setting priorities in health research in the 21st century. J Glob Health. 2016;6(1).
10. Ministry of Health. National Reproductive , Maternal , Newborn , Child and Adolescent Health and Nutrition Research Priorities 2019-2021 Ministry of Health Maternal and Child Health Directorate Addis Ababa. 2021.
11. Strobel, NA, McAuley K, McAullay D, Moylan C, Edmond K. A guide to evidence synthesis. Perth Univ West Aust [Internet]. 2016;1–28. Available from: http://www.paediatrics.uwa.edu.au/__data/assets/pdf_file/0004/2874793/ISAC-Evidence-synthesis-guide-FINAL.pdf
12. Policymaking E. Translators ' Role in SCOPING STUDY : Evidence A Brief on Evidence Translation and Translators. 2018;(May).

# Annex 1

## Evaluation Checklist for an Evidence Brief

This evaluation checklist will be used to evaluate the overall structure, organization and presentation of evidence briefs under NDMC. To check and see whether each evidence briefs is up to the standard, rubrics are set. For the sake of maintaining formality, it is highly recommended that researchers and the team working on the evaluation process share copies of this checklist filling out the criteria set.

Title of the evidence brief: _____

_____

Date of submission _____

Researcher _____

Date of Evaluation _____

| | WHAT TO LOOK OUT FOR | YES | PARTIALLY ACHIEVED | NO | IMPROVEMENTS NEEDED | Remarks |
|---|---|---|---|---|---|---|
| | **1. Title** | | | | | |
| A. | Is the word count of the title 12 or below words? | | | | | |
| B. | Is it designed in a way that caches readers' attention? | | | | | Refer the section of the guideline that talks about title. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **2. Introduction** | | | | | | |
| A. | Does it present the relevance of the topic briefly? | | | | | |
| B. | Does it state what the actual problem is? | | | | | |
| C. | Does the introduction clearly state the overview of methods or source ( e.g. systematic review, GBD, modelling) | | | | | |
| D. | Does the count of the sentences in the section lies on five and below? | | | | | |
| **3. Key findings** | | | | | | |
| A. | Is the most important information presented clearly? | | | | | |
| B | Are data in tables and figures less | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | congested? | | | | | |
| C | Is there any redundancy of information among the main text and illustrations? | | | | | |
| **4. Conclusion** | | | | | | |
| A. | Does the conclusion have a logical flow with the introduction of the brief? | | | | | |
| B. | Does the conclusion provide sufficient information on the implication of findings based on current policy (strategy)? | | | | | |
| C. | Does it provide feasible recommendations? | | | | | |
| **5. Acknowledgments** | | | | | | |
| A. | Are partners and donors given the due recognition? | | | | | |
| B. | Is the name and address of NDMC clearly communicated? | | | | | |
| C. | Is the copyright declaration clearly stated? | | | | | |
| D. | Is the total count of the words four and below? | | | | | |
| **6. Formatting** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| A. | Does the text adhere to the basic formatting styles stated in the guideline? | | | | | |
| B. | Are figures and illustrations presented in simple and clear manner? | | | | | |
| C. | Does the formatting of figures meet the criteria set in the guideline? | | | | | |
| D. | Are tables in the criteria set by the guideline? | | | | | |
| E. | Are titles and captions of illustrations on their right places with the correct font style? | | | | | |
| F. | Does the specification and resolution of images and graphs meet the criteria set in the guideline? | | | | | |

# Annex 2

## Checklist of assessing the perception of audiences on a brief

## (For a single evidence brief alone)

This checklist aims to assess the quality of evidence briefs from different perspectives. It, basically, presents close and open ended questions to measure the effectiveness of the briefs among stakeholders. Hence, representatives of stakeholders will be requested to fill this assessment form.

| | | Yes | No | Remark |
|---|---|---|---|---|
| **I. Close-ended Questions** | | | | |
| 1. | Has the brief addressed important health issues of the country/ region? | | | |
| 2. | Are the data in the brief presented in a clear and understandable way? | | | |
| 3. | Is there a discrepancy between the findings and the recommendation in the brief? | | | |
| 4. | Has the brief addressed an already researched issue? Was there a duplication of efforts? | | | |

**II. Open-ended Questions**

1. Have you used the evidence brief?

_____

_____

2. For what purposes have you used the evidence brief? (Plans, guideline, strategy, policy, any other…)

_____

_____

3. What major shortcomings did you observe in the brief?

_____

_____

_____

4. For future consumptions, what sorts of data do you wish to be incorporated in evidence briefs? Epidemiological, Statistic, etc. Why?

_____

_____

_____

_____

5. Which topics and areas do you wish to be addressed in an evidence brief?

_____

_____

_____

_____

_____

# Annex 3

## A Summative Checklist for Measuring the Quality of Briefs Produced By NDMC

This checklist is aimed to evaluate the overall quality of evidence briefs prepared under the National Data Management Centre for health. It contains general questions that are designed to measure opinions on the briefs. Procedurally, this checklist is expected to be used after disseminating all briefs of NDMC through the entire year. Hence, it will be filled by stake holders once in a year time alone.

| | **Criterion of Measurement** | **Scales of Evaluation** | | | | |
|---|---|---|---|---|---|---|
| | | Very strong | Strong | Medium | Limited | Not known |
| 1. | Organization and presentation of ideas in the briefs of NDMC | | | | | |
| **2.** | Clarity of data presentation in the briefs of NDMC | | | | | |
| **3.** | Applicability of recommendations in the briefs | | | | | |
| **4.** | Reliability of data in the briefs | | | | | |
| **5.** | Template and Layout of the briefs | | | | | |

The national data management welcomes all sorts of comments to produce better evidence briefs. In addition, the centre believes that stakeholders' comments and suggestions are the pivotal elements in determining the quality and validity of evidence briefs. Hence, if you have anything to add please use the spaces below.